

SENATE BILL 85  
By Cooper

AN ACT to amend Tennessee Code Annotated, Title 68,  
Chapter 11, relative to infectious diseases.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act may be cited as the Hospital Infections Disclosure Act.

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 11, is hereby amended to  
add Sections 2 through 8 of this act as a new part thereto.

SECTION 3. As used herein, unless the context otherwise requires:

- (1) "Department" means the department of health.
- (2) "Hospital" has the meaning ascribed to that term in § 68-11-201(27).
- (3) "Hospital-acquired infection" means a localized or systemic condition that
  - (A) Results from adverse reaction to the presence of an infectious agent or its toxin; and
  - (B) Was not present or incubating at the time of admission to the hospital.

SECTION 4.

(a) Individual hospitals shall collect data on hospital-acquired infection rates for the specific clinical procedures determined by the department by regulation, which shall include the following categories:

- (1) Surgical site infections;
- (2) Ventilator-associated pneumonia;
- (3) Central line-related bloodstream infections;
- (4) Urinary tract infections; and
- (5) Other categories as provided under subdivision (d) of this section.

(b)

(1) Hospitals shall submit quarterly reports on their hospital-acquired infection rates to the department. Quarterly reports shall be submitted to the department in a format set forth in regulations adopted by the department, and shall be submitted by April 30, July 31, October 31, and January 31 of each year for the preceding quarter. Data in quarterly reports must cover a period ending not earlier than one month prior to submission of the report. Quarterly reports shall be made available to the public at each hospital and through the department. The first quarterly report shall be due on April 30, 2006.

(2) If the hospital is a division or subsidiary of another entity that owns or operates other hospitals or related organizations, the quarterly report shall contain information about the specific division or subsidiary containing the hospital and not for any other hospital, division or subsidiary, nor for a legal entity containing several hospitals, divisions or subsidiaries.

(c)

(1) The commissioner of health shall appoint an advisory committee, including representatives from public and private hospitals (including from hospital infection control departments), direct care nursing staff, physicians, epidemiologists with expertise in hospital-acquired infections, academic researchers, consumer organizations, health insurers, health maintenance organizations, organized labor, and purchasers of health insurance, such as employers. The advisory committee shall have a majority of members representing interests other than hospitals.

(2) The advisory committee shall assist the department in the development of all aspects of the department's methodology for collecting, analyzing, and disclosing the information collected under this act, including

collection methods, formatting, and methods and means for release and dissemination.

(3) In developing the methodology for collecting and analyzing the infection rate data, the department and advisory committee shall consider existing methodologies and systems for data collection, such as the Centers for Disease Control's National Nosocomial Infection Surveillance Program, or its successor. However, the department's discretion to adopt a methodology shall not be limited or restricted to any existing methodology or system. The data collection and analysis methodology shall be disclosed to the public prior to any public disclosure of hospital-acquired infection rates.

(4) The department and the advisory committee shall evaluate on a regular basis the quality and accuracy of hospital information reported under this part and the data collection, analysis, and dissemination methodologies.

(d) The department may, after consultation with the advisory committee, require hospitals to collect data on hospital-acquired infection rates in categories additional to those set forth in subdivision (a).

## SECTION 5.

(a) The department shall submit to the general assembly a report summarizing the hospital quarterly reports of the preceding year by March 1 of each year and shall publish the annual report on its website. The first annual report shall be submitted and published by March 1, 2007. The department may issue quarterly informational bulletins at its discretion, summarizing all or part of the information submitted in the hospital quarterly reports.

(b) All reports issued by the department shall be risk adjusted.

(c) The annual report shall compare the risk-adjusted hospital-acquired infection rates, collected under this part, for each individual hospital in the state. The department, in consultation with the advisory committee, shall make this comparison as easy to comprehend as possible. The report shall also include an executive summary, written in plain language, that shall include, but not be limited to, a discussion of findings, conclusions, and trends concerning the overall state of hospital-acquired infections in the state, including a comparison to prior years. The report may include policy recommendations, as appropriate.

(d) The department shall publicize the report and its availability as widely as practical to interested parties, including but not limited to hospitals, providers, media organizations, health insurers, health maintenance organizations, purchasers of health insurance, organized labor, consumer or patient advocacy groups, and individual consumers. The annual report shall be made available to any person upon request.

(e) No hospital report or department disclosure may contain information identifying a patient, employee, or licensed health care professional in connection with a specific infection incident.

SECTION 6. It is the expressed intent of the general assembly that a patient's right of confidentiality shall not be violated in any manner when complying with the requirements of this part. Patient social security numbers and any other information that could be used to identify an individual patient shall not be released notwithstanding any other provision of law.

SECTION 7. A determination that a hospital has violated the provisions of this part may result in any of the following:

(1) Termination of licensure or other sanctions relating to licensure available under this chapter.

(2) A civil penalty of up to one thousand dollars (\$1,000) per day per violation for each day the hospital is in violation of this part.

SECTION 8. The department shall be responsible for ensuring compliance with this part as a condition of licensure under the requirements of title 68, chapter 11, part 2, and shall enforce such compliance according to the provisions of that part. The department may consider violation of this part as evidence of conduct or practice that is detrimental to the welfare of patients in accordance with § 68-11-207(a)(3).

SECTION 9. This act shall take effect upon becoming a law, the public welfare requiring it.